

## CAP REAL PROPERTY SURVEY

Charter:	Unit Name:	Report Date:
Address:		
<input type="checkbox"/> I certify my unit owns, leases, rents, occupies and/or uses real property. (Use separate form for each location)		
Location of Property (Include Address):		
Description of Property: <input type="checkbox"/> Land <input type="checkbox"/> Building <input type="checkbox"/> Immobile Vehicles/Trailers * <div style="text-align: center;">*Serial #</div>		
Ownership of Property (Check whether owned by CAP or other owner): <input type="checkbox"/> CAP Corporation (List name and address of donor or seller and attach copy of deed or title) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Name:            Address:            Date Acquired:            Amount Paid:         </div> <div style="width: 50%;"> <input type="checkbox"/> Gift  <input type="checkbox"/> Purchase            Est. Current Value         </div> </div>		
<input type="checkbox"/> Other Owner (List name and address of owner and attach copy of instrument granting permission to use) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Name:            Address:            Type of Owner:         </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Air Force  <input type="checkbox"/> DOD  <input type="checkbox"/> GSA  <input type="checkbox"/> State  <input type="checkbox"/> Local Gov't  <input type="checkbox"/> Church  <input type="checkbox"/> Private             </div> <div style="width: 45%;">           Type of Instrument:  <input type="checkbox"/> License  <input type="checkbox"/> Permit  <input type="checkbox"/> Lease  <input type="checkbox"/> Rental Agreement  <input type="checkbox"/> Letter of Agreement  <input type="checkbox"/> Verbal Agreement*             </div> </div> </div> </div>		
<div style="text-align: center;">* List terms and witnesses:</div>		
Insurance coverage of property: <input type="checkbox"/> National Headquarters coverage (if not checked fill in below and attach a copy of policy) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Carrier:</div> <div style="width: 50%;">Coverage:</div> </div>		
Usage of Property: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Meeting / Training  <input type="checkbox"/> Non-CAP related activities  <input type="checkbox"/> Other:         </div> <div style="width: 50%;"> <input type="checkbox"/> Encampment / Outside activities  <input type="checkbox"/> Storage         </div> </div>		
<input type="checkbox"/> I certify that the above is true and correct to the best of my knowledge after diligent search of all facts and records reasonably available to me. I understand that failure to return this questionnaire with accurate and complete responses may jeopardize my unit's insurance coverage and continuation of my unit's charter.		
Unit Commander's Signature: _____ Date: _____		